EXHIBIT 9-C

AUDIT TRACKING SYSTEM

NAME OF GRANTEE: _____

HOME CONTRACT NUMBER: _____

CONTRACT EFFECTIVE DATE: _____

CONTRACT COMPLETION DATE _____

DATE PROJECT COMPLETION REPORT DUE: _____

DATE PROJECT COMPLETION REPORT SENT: _____

DATE OF FIRST DRAWDOWN: _____

AMOUNT OF FIRST DRAWDOWN: _____

DATE FIRST AUDIT DUE:_____

DATE FIRST AUDIT SENT TO MDOC:_____

DATE ALL HOME AUDIT FINDINGS RESOLVED:_____

DATE OF LAST DRAWDOWN:_____

AMOUNT OF LAST DRAWDOWN: $_____

DATE SECOND AUDIT DUE: _____

DATE SECOND AUDIT SENT TO MDOC: _____

DATE ALL HOME AUDIT FINDINGS RESOLVED:_____

CONDITIONAL CLOSEOUT CERTIFICATION SENT: _____

CONDITIONAL CLOSEOUT APPROVAL: _____

FINAL CLOSEOUT CERTIFICATION SENT: _____

FINAL CLOSEOUT APPROVAL FROM DOC: _____

NOTES: